

Caldwell. (J. J.)

## Some Interesting Reflex Neuroses,

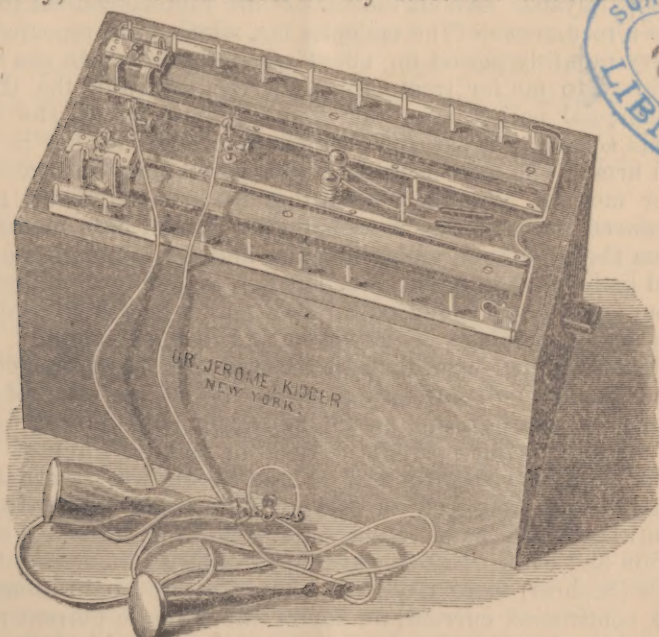
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By JOHN J. CALDWELL, M. D., Baltimore, Md.

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Before reporting the subjoined cases, I wish to present the accompanying illustration of my favorite Farado-Galvanic Battery, with which most of my electrical treatments are



conducted. It combines many uses in one instrument. As its name indicates, it may be used to apply either the Faradic or the Galvanic current, or both currents at the same time. CASE I.—*Reflex Paralysis with Epilepsy.*

Mrs. Emily Jane P—, aged 50 years; her father and

The neurotic remedies used in these cases are from the well-known house of Parke, Davis & Co. The electrical instruments from Jerome Kidder Manufacturing Co., N. Y.

presented by author

mother reached advanced age, and were free from acquired or hereditary taint. She was married at the age of 26, and has given birth to three healthy children—two living, one deceased. She enjoyed uninterrupted health until she attained her 48th year, when she manifested some of the malaise incident to the “change of life.”

About the time of her anticipated period, it became necessary for her to bail out the flooded cellar of her residence. The result of the unusual fatigue, exposure, and submergence of her feet, was the sudden reflex arrest of the catamenial flow. She retired at 11 o'clock that night, reposing quietly until 1 A. M., when she arose from her couch to administer to the wants of her son. Immediately after her return to bed, she was seized with violent epileptic convulsions, which returned at short intervals until about 6 A. M. Upon restoration to consciousness, she discovered that her right arm was paralyzed. About the time of her regular courses there was a recurrence of the epileptic fits, which were repeated at every monthly period for about nine months, when she was referred to me for treatment. On the return of the third catamenial period, after her first paralytic attack, she was again seized with paralysis, which then attacked her in the left arm. The menses in each case were scanty and painful. Her medical attendant, according to her statement, pronounced her seizures as apoplexies; but it was manifest, from their number and character, and the state of stupor and listlessness in which they left her, that she was suffering from epilepsy, attended with reflex paralysis, due to congestion and hyperplasia of the uretus and its appendages.

Upon my first examination, I found that there was complete paralysis of motion and partial loss of sensation of the upper extremities—no voluntary movements of arm, hand or shoulder being possible. Pricking and pinching of the skin were very slightly felt. Faradization was resorted to with little or no effect, but the continuous current produced gentle contractions of the muscles, with some degree of sensation and pain. Even to accomplish this result, twenty-two cells (Stohrer) were required. After a few applications of the continuous current, we found the Faradic current produced good contractions and sensations. Coincidentally, we administered liberal doses of bromo-iodide of potash in milk three times a day, with atropia sulphate at bed-time. In all, the patient has been under my treatment about two months, and has received thirty applications of the different currents, and has taken from seventy to ninety grains of the bromide mixture per day. In the above period of two months she has had but one seizure, and the use of her right arm and hand is



now almost perfect, with a decided improvement in the left, and with recovery still progressing, from the periphery towards the centre—the fingers being the first to regain their normal functions.

COMMENTARY.—What was the actual seat and nature of the paralyzing lesion in this case? *Reflex*—not cerebral? No, I should think not, because cerebral paralysis usually affects one side of the body, the face and the leg as well as the arm; but in this case the cerebral nerves and the lower extremities did not at all suffer. This speaks strongly against the cerebral origin of the patient's palsy. And again, in cerebral paralysis, whatever may be the extent of the loss of power, the nerves and muscles always retain their excitability to Faradization. The absence of this excitability induces us to reject the idea that the brain was the seat of the paralysis.

Is it not a case of *spinal paralysis*? Not in my opinion; for if there had been disease of the upper portion of the cord, or its meninges sufficiently severe to cause paralysis of motion and sensation of the whole upper extremities, the intercostal muscles and the diaphragm and the lower extremities would have participated in the affection.

After excluding all the various affections which we have considered, we are led to the conclusion that the disease must have been due to some pathological lesion of the uterus and its appendages, resulting from the exposure already referred to, producing *reflex paralysis, resulting from genital irritation*.

#### CASE II.—*Reflex Paralysis, due to an Adherent Foreskin.*

Little Robie, was brought to my office a few months since, accompanied by his parents and physician, suffering from irritation of the glans penis. His mother informed me that for a few preceding months he had been extremely nervous, frequently falling on the floor and continually pulling at his privates, and had lost the power of lingual articulation. His age at the time was between six and seven years. His physical condition was otherwise good, and his muscular development most excellent.

The plan of operation in his case was to roll back the prepuce and break up the adhesions, and dress the abrasion with lint and water—the result being a perfect restoration of his functions.

The existence of reflex paralysis has often been questioned

by many of the best observers, who have attributed the phenomena to some unknown disease of the spinal cord, which may have escaped the examination by the naked eye, or by the microscope, and neglected by the electrical tests. Nevertheless we believe that after duly weighing everything that may be said against this form of palsy, there still will be found cases which may be fairly claimed as belonging to this class. We find the physiological basis of this view in the facts which have been lately discovered concerning the inhibitory system of nerves, by experiments which have demonstrated clearly that we may temporarily suppress the functions of the cord by producing irritation upon certain peripheral nerves.

CASE III.—*Reflex Tetanic Symptoms.*

Mary G——, a servant girl, aged 24, had her finger caught in a stove-grate, crushing it badly. I was called to see her on the evening of the same day, and found her suffering from reflex paralysis of the lower portion of the body, with tetanic convulsions of the face and neck. We would simply remark that the use of anodynes with chloroform produced very salutary effects.

In rabbits, in which the kidneys, womb or intestinal mucous membrane are squeezed, sudden paralysis of the hind legs ensue, with abolishment of reflex excitability, and as soon as the pressure is relaxed, the paralysis disappears. With regard to the pathology, we find cases on record where the sudden recovery of function, after the removal of peripheral irritation, leaves no doubt of the nature of the disease.

CASE IV.—*Reflex Paraplegia and Paresis.*

Landry describes a case of paraplegia from the flexion of the womb, and when the flexion was remedied, the palsy disappeared. And again, Rosenthal has seen a case of paresis of both lower extremities, which disappeared on a needle being extracted from the vagina. Althaus gives us a number of cases illustrative of this form of reflex paralysis.

CASE V.—*The Causes of Reflex Paralysis.*

We may note, among the causes of reflex paralysis, paralysis arising during disease of the genito-urinary organs; those paralyzes which occur during or just after dysenteries, diarrhoeas, super-purgations, or in connection with worms;



such as arise during or after pneumonia or pleurisy; such as are seemingly brought on by dentition, diphtheria, fevers, and eruptive diseases; such as seem to be occasioned by cold, or by cold and moisture, as illustrated in Case I; such as are due to external injuries, or result from certain drugs; paralyzes due to great emotional disturbances, etc.

CASE VI.—*Reflex Infantile Paralysis.*

A child, aged two and a half years. There was complete paralysis of both lower extremities, with a tendency to double talipes-varus, with partial loss of sensation and a lowering of the temperature; there was also partial atrophy of the affected parts. During dentition a slight convulsion occurred, which was followed for several days by coma and paralysis. Galvanism was applied on alternate days for periods of fifteen minutes. The result was very flattering. From a paralyzed state the patient was able to stand alone and soon to walk around the room. Recovery.

CASE VII.—*Psychosis of Anterior Convolutions—with Paraplegia.*

Mr. C——, aged fifty-five years, suffering from hemiplegia of the right side. Eighteen months previous to my seeing him he was suddenly prostrated. After rest and treatment he suffered a second attack. On examination, I found his arm and leg partially paralyzed; speech much impeded; deglutition somewhat impaired; sensation of both sides normal; nutrition preserved; muscular tonicity and contractility also preserved. In this case there seemed to be a lesion of the anterior convolutions, causing partial aphasia from loss of coördination. Digestion continued good, and he slept well. Regarding this condition as due to a local trouble, I directed my treatment accordingly. Gentle applications of constant galvanic currents were made to the brain and sympathetic nerve, and a course of general medication by iron, strychnine and phosphorus in small doses was directed. This treatment was continued for four months. As results, when not excited the patient is able to articulate quite distinctly for five or ten minutes at a time; able to convey food to the mouth with his right hand; write a few words; and stand alone.

CASE VIII.—*Migraine.*

Mrs. B——, aged 35; has six children. She has suffered from migraine periodically for twenty years, at intervals of ten days or two weeks—the neuralgic pain being confined to the right side of the head. This affection was due to reflex irritation of the stomach and bowels. She tried in vain

many remedies from several physicians. She applied at my office a year ago. After due examination, I diagnosed her trouble as above stated, and placed her upon a better hygiene, with carefully selected diet and more rest, and ordered Parke, Davis & Co.'s nitro-glycerine pills,  $\frac{1}{60}$ th of grain each, one three times a day, with the direction on the approach of an attack to resume the recumbent position, and take one of the pills every half hour until relief was obtained. After she had taken this remedy for ten days, I ordered her two pills three times a day, and then in ten days more three pills, and so continued to increase in the same ratio until she had taken five pills three times a day. This she continued for several months, with the best results—she suffering only two severe attacks, which were induced by great mental depression from affliction and anxiety. Since then she has gradually diminished the number of pills, until now she only takes this medicine occasionally—her trouble being permanently relieved. The nitro glycerine has had the effect to strengthen her digestion and to regulate her bowels, and to relieve her melancholy.

COMMENTARY.—The above report relates to the history of a lady in comfortable circumstances, plethoric in habit, of neurotic temperament, subject to explosions of neuralgic headache, followed by temporary melancholy, of many years standing, successfully relieved by this new drug—nitro glycerine.

CASE IX.—*Angina Pectoris.*

Mr. B—, aged 70, father of the above-named lady. He also was of plethoric habit, with neurotic tendencies. For years he had suffered with some neurosis of the bowels, ending in periodic explosions, which were relieved by moderate attacks of diarrhœa. This condition of things had existed with him for years. Small doses of arsenic and warm spring baths had given him great relief. Latterly he has suffered angina pectoris of a reflex origin, due to imperfect mastication and indigestion. A few months ago he applied to this office for relief, because of an aggravated attack of angina. His seizures were as frequent as three or four times in the twenty-four hours.

I found his skin cold and clammy, his heart weak and rapid, and his bowels greatly distended from fermentation. I ordered him to his room for rest in a recumbent position, and a diet of milk and lime-water, and prescribed nitro-glycerine, as in his daughter's case, every half hour until the acute symptoms had subsided. The seizures were imme-



diately arrested, and the collateral symptoms continued to improve. Several weeks later, and during the hot weather, it was deemed proper to send him to the Warm Springs, in Virginia, under restricted diet, principally of milk and beef-tea. In the Fall he returned, greatly improved for a man of his years, and resumed the care of his business. His father had suffered in like manner, and died suddenly in his chair after a hearty meal.

COMMENTARY.—Evidently this is a family of neurotic tendencies—the grandfather, the father and child suffering from neurosis of a reflex character, with a disposition to sudden and fatal terminations. It is a blessing that the later marches of therapeutics are able to afford remedies equal to the emergencies, viz: nitro-glycerine, amyl-nitrite, chloroform, and galvanism. Their successful administration is greatly enhanced by the later advances in the science of pathology and therapeutics.

CASE X.—*Epilepsy (Petit Mal)*.

C—, a dairyman, aged 22, suffering from epilepsy (petit mal), frequent attacks of partial loss of consciousness which rendered him unfit to follow his trade. When referred to me I found him pale, thin and melancholic, suffering from insomnia and fearful forebodings, with frequent epileptoid attacks. Upon recovering his senses he would be dull, listless, and there was temporary loss of mental coördination. Upon inquiry, I diagnosed reflex neurosis from excessive irritation of the genital organs. He confessed masturbation. The penis was cold and flabby with vascular dilatation. The prostate portion of the urethra was spastic and irritable, with abundant prostatic discharge, which wept away incontinently. This condition of things had existed for months. This irritation produced explosions—epileptic in character. It was then he was referred to me for treatment. After paying the usual attention to a better hygiene and diet, I ordered him at bed time to take a drachm of bromide of sodium and  $\frac{1}{80}$ th of a grain of atropia sulphate in solution, and during the day Parke, Davis & Co.'s nitro-glycerine pills— $\frac{1}{80}$ th grain each—three times a day. He was also to use hot sponge baths for the lower portion of the spine at bed time. The urethra was to be gradually dilated with steel sounds. This treatment was continued for several months with the very best results. The petit mals have entirely disappeared with great improvement of bodily and mental health. He is now a conductor on one of our city car lines. After the sedative treatment had done its good part by removing local and gen-

eral irritation, he was placed upon a tonic treatment consisting of the tincture of belladonna, nux vomica and cinchona before meals, good hours and moral and mental hygiene.

CASE XI.—*Reflex Epilepsy.*

Mr. F., aged 55, robust and of a healthy appearance, a well known horse dealer, a man of remarkable nerve power and good business habits, rather a free liver, figure rotund, weighing about 180 pounds. A few years ago he suffered reverses of fortune, which caused him such anxiety and mental worry as to induce epilepsy (*grand mal*), though the attacks were not very frequent—about once a week. The prodromata afforded him sufficient warning to select a proper place to lie down and thus save him from immediate danger. It was during one of the explosions that I was sent for. I found the seizure quite severe, having to wait an hour before I could rouse him from his subsequent stupor. Believing the reflex trouble to be some irritation of the sympathetic—of the solar plexus—I ordered for him a brisk mercurial cathartic at night, following it up in the morning by a saline draught. I then placed him upon the bromide with atropine at bed time and nitro-glycerine during the day, every three hours. This, with proper hygiene and a milk diet of several months' duration, has resulted, I believe, in complete recovery.

COMMENTARY.—In cases of epilepsy due to functional derangement, where there are no permanent lesions, secondary changes or morbid growths, I believe the combination of atropine with the bromides administered at bed time almost a specific. (I name this time of administration because during sleep the physiological effects of atropine—dilated pupils, giddy sensations, etc.—will not inconvenience the patient during sleep, and will have passed off by morning.) The nitro-glycerine will coördinate the nerve centres during the day. Most of his epileptic and epileptiform troubles originate from gastric and enteric irritations, thus showing the lesion or disturbances to be greatly confined to the sympathetic and pneumogastric centres.

There is no one remedy that so specially and manifestly addresses itself, in my opinion, to these trophic centres, as atropine, and the same may be said of nitro-glycerine, in its exhibition in the manifold disturbances due to hyperæmia or anæmia of the brain centres. The bromides may be considered the great coördinators and supporters of peripheral disturbances. Thus, in the three remedies, we have a combina-



tion physiologically and theoretically indicated in the coördination of the entire nervous system—a system that may be considered a unit, still subject to local and special actions, as many remedies have shown and will indicate.

The foregoing, with many other cases that could be mentioned, are practical illustrations of the proof of the above theory and the benefits of the combination of the three drugs in the treatment of these epileptic cases. In many cases I might mention from experience, reports, etc., where bromides, alone or in other combinations, have had a great effect in the suppression or control of epilepsy, they yet do not afford, in my opinion, the brilliant results obtained from the bromides combined with atropine, followed up by the nitro-glycerine treatment.

In this connection, I may say that many of the manifestations of persistent spermatorrhœa have borne a close analogy to the behavior of epilepsy and epileptoids, particularly as to their periodicity, incubation and explosive tendencies, as well as the nervous phenomena, such as pallor, melancholy and stubborn resistance to all ordinary treatment and the kindly manner in which they yield to the above epileptic treatment, galvanism and other neurotic remedies, as the report of the following cases will indicate.

#### CASE XII.—*Persistent Spermatorrhœa.*

Mr. H., of North Carolina, aged 30, married several years without issue owing to his persistent spermatorrhœa, which incapacitated the full act of copulation and deteriorated the vitality of his semen. Upon presentation I found that his urethra along the whole canal was very irritable—particularly so along the prostatic portion; that the organ was continually weeping spermatic and prostatic fluids, and that he suffered ejection during the slightest irritation—mentally or physically—and that he was melancholy and foreboding, and that his skin was cold, clammy and sallow. His general health was very much broken. He had married with the hope of benefitting these unhappy symptoms, but this was a great mistake—one that is made by many laboring under like conditions. Instead of marriage, such parties should seek as a remedy the advice and treatment of the intelligent, scientific physician—one honest and reliable, making these cases a special study. Unfortunately for the community, the advertising quacks have had the majority of these delicate and all-important cases as their greatest source of revenue.

Upon passing the sound, I found the urethra very tender, with a spasmodic stricture located at or near the prostatic gland. The passage of the sound was continued twice a week to dilate the urethra and to lessen its irritability. During the emission of semen, and just previous to that act, he observed a peculiar sensation or warning similar to the aura of epilepsy. Hence I placed him upon the bromides and atropine at night, and administered the nitro-glycerine pills (Parke, Davis & Co.'s,  $\frac{1}{50}$ th grain each)—one three times a day—and ordered warm baths and careful diet. The effect of this treatment was to arrest his trouble and gradually to restore him to physical and mental health. After this treatment had been continued for several months, I placed him upon tonic treatment, consisting of the fluid extract of damiana, belladonna, nux vomica and tincture of cinchona compound with occasional applications of electricity to the spine. This, together with a select diet, added greatly to his vigor and procreative powers. All unnatural discharges have long since ceased, with a fair promise of being blessed with offspring—his wife being several months advanced in pregnancy.

The number of such cases throughout the land is legion, and ever will be until our communities are taught to value scientific and special treatment.

#### CASE XIII.—*Neurasthenia*.

Mr. D—, a young gentleman aged 25, a student at law, who also performed the duties of a clerk in an office controlling a large practice. His studies and duties proved too arduous an undertaking, and soon broke him down mentally and physically—being of a nervous and ambitious disposition. He suffered greatly from nervous dyspepsia and general nervous exhaustion or neurasthenia. He lost flesh, lost sleep, and was tremulous and depressed, and suffered frequent seminal losses night and day. Upon examining the urethra, it was found to be irritable, with a continuous weeping discharge. No stricture was found. The penis was small, flabby and cold. I ordered him a vacation and administered atropine with bromides until the nervous irritation had subsided. I then gave a tonic consisting of belladonna, nux vomica and tincture of cinchona during the day, with doses of colocynth and hyoseyamus at bed time, as required, making applications of the Faradic current locally and generally every few days. This treatment was kept up during the summer vacation until late in the fall, when he returned to his vocation, generally better and greatly restored in his nervous system. He sleeps better, his appetite is good, and



his genital functions are normal. He is under the use of electricity, with the caution and advice to be more moderate in all things.

CASE XIV.—*Neurosis of Genitalia with Nervous Paralysis.*

Mr. H—, a State official of Pennsylvania, aged 28, lives in comfortable circumstances. He was referred to me because of suffering from general nervous prostration. He is tall, athletic and active; he had lately lost his color and vivacity, and had acquired an unaccountable dread of persons and places. He was almost a monomaniac in the fear of on-coming "loss-of-manhood" or paralysis of his procreative powers. Upon examination I found it was his custom to endure prolonged and arduous mental work, neglecting the regularity of sleep, diet and recreation. He had a fine constitution and physical development. His genito-urinary organs were intact and well developed, which proved readily amenable to treatment by proper hygiene, occasional administrations of electricity and a tonic consisting of damiana and tincture of cocoa—equal parts—administered before meals and at bed time. A few months of such treatment fully restored him in every particular. His physician deemed his mental phenomena of an abnormal and perhaps dangerous character; hence he referred him to me. All his unpleasant symptoms passed away *para passu* as he gradually improved, though such a case neglected long enough undoubtedly might have ended in some permanent physiological lesion.

CASE XV.—*Impotency Due to Excessive Use of Tobacco.*

Mr. M—, aged 30, married, of our city, was referred to me one year ago as a case of impotency. I found him a hale, hearty man, well developed mentally and physically. His muscles were hard and elastic, and he was a great walker. He hardly knew what it was to suffer fatigue. All of his organs were well developed—especially those of the genito-urinary organs. After a thorough inquiry, I found he was excessive in the use of tobacco, chewing and smoking to an alarming extent, and at times was in the habit of using alcoholic spirits too freely—all of which I forbade. I ordered for him a moderate diet and pills of damiana and nux vomica; also the daily application of the Faradic stimulus to the cord and genito-urinary appendages. He was to abstain from all genital exercises. He continued under treatment for several months with most excellent results.

Tobacco and whiskey in excess are, in my opinion, a frequent and a potent inhibitor of the sexual act.

CASE XVI.—*Inertia of the Uterus Successfully Treated with Damiana.*

A young married lady, aged 20 years, from a fright or

shock, suffered abortion during her first pregnancy. After this her menses were scant and irregular, with failing health for several years. She did not become pregnant during this time. She and her husband were anxious for an heir, as an estate depended on the issue, aside from the natural desire of maternity. After careful examination, I diagnosed a neurasthenic condition with consequent inertia of the genito-urinary organs. I ordered generous diet and hygiene, gentle exercise, and I administered fluid extract of damiana (Parke, Davis & Co.'s) three or four times daily, commencing with small doses and gradually increasing. After a few months the menses became more regular and pronounced. With general improvement of health and spirits, at the end of the third month of treatment she became *enciente*, and went through a regular term with a happy delivery.

This is cited as a typical case of many others that could be reported, where damiana acted an admirable part in the irregularities of woman.

CASE XVII.—*Case of Impotency Successfully Treated with Damiana.*

A gentleman, aged 30 years, of delicate frame and appearance, constantly complained of feeble digestion, irregular bowels and constipation. His complexion is sallow; he sleeps badly; his habits are sedentary, and is given greatly to literature—frequently delivering public readings, etc. He has been married several years without issue. His wife is buxom, active and regular. Upon examination, I found his organs rather small, with the power of incomplete erection only. His semen under the glass exhibited but few evidences of life and vigor. I ordered a more active life, less study, regular hours and diet. I placed him on Parke, Davis & Co.'s fluid extract of damiana. After six months of careful management, he was greatly restored. He reports his wife in a fair way to become a mother.

COMMENTARY.—In cases of impotence from masturbation, accompanied with spermatorrhœa, we find morbid changes in the vesicular seminales, ejaculatory ducts, bulbous portion of the urethra and prostatic gland. Such cases frequently require surgical and special treatment, but I have found much advantage to result from the use of electricity and the free use of damiana. These agents possess tonic power over the nervous apparatus generally, and they act most favorably upon the nerve centres presiding over the functions of the genito-urinary organs.

